

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>12000</b>	2. Fiscal Year Covered From: <b>1</b> / <b>01</b> / <b>2005</b> Through: <b>12</b> / <b>31</b> / <b>2005</b>
3. Name and address of person filing. Name <b>PETER</b> <b>THOMASSEN</b> P.O. Box, Bldg., Room No., if any Street <b>395 HUDSON STREET</b> City <b>NEW YORK CITY</b> State <b>N.Y.S.</b> ZIP Code + 4 <b>10014</b>	4. Name, file number, and address of labor organization. Name <b>NYC DISTRICT COUNCIL OF CARPENTERS</b> Labor Organization File Number <b>032-922</b> P.O. Box, Building and Room Number, if any Street <b>395 HUDSON STREET</b> City <b>NEW YORK CITY</b> State <b>NYS</b> ZIP Code + 4 <b>10014</b>
5. Position in labor organization. <b>PRESIDENT</b>	

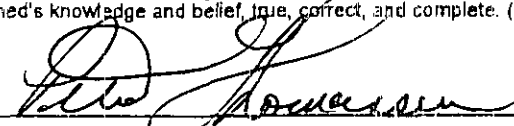
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <b>NYC LABOR MANAGEMENT CORP.</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <b>395 HUDSON STREET</b> City <b>NEW YORK CITY</b> State <b>NYS</b> ZIP Code + 4 <b>10014</b>	7.a. Nature of Interest, Transaction, or Income. <b>REGISTRATION FOR LTM CONFERENCE - \$795 -</b> <b>LODGING AND MEALS - \$3,592 -</b> <b>AIR FARE + TRANSPORTATION - \$1,228 -</b> 7.b. Amount. <b>\$5,615.00</b>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

**5-12-06**

Date

**212-366-7580**

Telephone Number

## Part B

Name of Reporting Employer:					File Number E-	
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state): <div style="border: 1px solid black; padding: 2px; width: 100%;">President District Council</div>
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.  Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Peter</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Thomassen</div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px; display: inline-block;">395 Hudson Street</div> City <div style="border: 1px solid black; padding: 2px; display: inline-block;">New York</div> State <div style="border: 1px solid black; padding: 2px; display: inline-block;">New York</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px; display: inline-block;">10014</div>	9.d. Name and address of firm or labor organization with whom employed or affiliated.  Organization <div style="border: 1px solid black; padding: 2px; width: 100%;">N Y District Council of Carpenters</div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street <div style="border: 1px solid black; padding: 2px; display: inline-block;">395 Hudson Street</div> City <div style="border: 1px solid black; padding: 2px; display: inline-block;">New York</div> State <div style="border: 1px solid black; padding: 2px; display: inline-block;">New York</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px; display: inline-block;">10014</div>
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.  <div style="border: 1px solid black; padding: 2px; display: inline-block;">11/23/04</div>	10.b. The promise, agreement, or arrangement was:  <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<div style="border: 1px solid black; padding: 2px; display: inline-block;">12/01/04</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">795</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">payment cash</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">04/11/05</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3,592</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">payment cash</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">05/02/05</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1,228</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">payment cash</div>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

12/01/04 Registration fee for the National Labor Management Conference held in Hollywood, Florida from 02/16/05 - 02/23/05  
  
 04/11/05 Hotel lodging & meals during Conference & attended the Labor Management golf outing  
  
 05/02/05 Air fare & transportation for the National Labor Management Conference